ICEMA

Inland Counties Emergency Medical Agency

SERVING INYO, MONO, AND SAN BERNARDINO COUNTIES

Fall 2009
Quarterly Newsletter

INSIDE THIS ISSUE:

Medical Director Update

Q & A WITH REZA VAEZAZIZI , M.D.

What is the recommended cut off age for utilizing CPAP?

CPAP is generally considered a treatment for adult patients. ICEMA Protocol Reference #5001, "Adult Respiratory Emergencies" where CPAP use is described, is limited to adult patients 15 years of age or older. Pediatric use of CPAP is currently not permitted under any ICEMA pediatric protocol.

Are EMT-P's within the ICEMA region able to perform RSI when working on an air ambulance?

Rapid Sequence Intubation (RSI) is not currently within standard or optional scope of practice for paramedics working in California. Current regulations do not allow California paramedics to perform any portion of this procedure, including any administration of related medications, under any circumstances. This includes paramedics working on air ambulances and who maybe under supervision of a registered nurse or a physician. Additionally, there is no approved certification nor training program that enables California paramedics to perform or assist in performance of RSI.

What is current status of the State Zofran trial study?

As of July 1, 2009, more than 2,200 uses of Zofran were reported to the study database from all providers participating in this trial. San Bernardino County has the largest number of reported uses with nearly 1,300 patients. The study data strongly support the safety and efficacy of Zofran for symptomatic relief of nausea and vomiting in pre-hospital settings. The current trial is scheduled to conclude by May 2010 (18 months duration). However, due to the large number of uses already reported in this trial, a preliminary report has been prepared for presentation at the next State EMS Commission meeting on September 23, 2009. The report will recommend that the trial study be terminated immediately and Zofran be made available to all EMS providers in the State of California as an optional local scope item.

What is the ICEMA approved TransLaryngeal Jet Ventilator (TLJV) for use during a needle cricothyrotomy?

The approved TLJV device is also known as a Jet Ventilator and can be purchased with or without transtracheal catheters. The Quick Jet Ventilation Catheter is used by a number of agencies, with the TLJV device or with an ambu bag. Some agencies opt to purchase the catheter in lieu of a regular needle as stated in ICEMA protocol. This too can be utilized with an ambu bag and/or the TLJV.

The ICEMA Protocol Reference #4030 Needle Cricothyrotomy reads:

"an approved needle cricothyroid device may be utilized per manufacturer's guidelines"

i. Adult 10-15 ga needle
ii. Pediatric 12-15 ga needle

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("Q & A with Reza Vaezazizi, M.D."……. continued from previous page)

Per manufacturer's recommendation, attach cannula adapter to BVM or use Translaryngeal Jet Ventilation (TLJV) device and ventilate with either BVM or TLJV (one second on three seconds off)."

When can King Airway be implemented?

Agencies can start to implement King Airway for adult patients as of July 1, 2009. King Airways are to replace Combi tubes as they expire or are used. King Airways will be mandatory effective January 1, 2010 for both adult and pediatric patients. There are 3 adult sizes and 2 pediatric sizes that will be required for use by agencies.

INFLUENZA-LIKE ILLNESS (ILI)

By: Iris Pena, RN, EMS Nurse

During the first few weeks of April 2009, the world became acquainted with an untypable strain of Influenza A virus which appeared to originate from Mexico. While health organizations throughout the world collaborated in finding ways to deal with what eventually became an outbreak, ICEMA teamed up with various constituents including Public Health to devise ways in which to best handle the ever changing situation originally known as the Swine Flu.

Daily updates from the Centers for Disease Control (CDC) and from the Emergency Medical Services Agency (EMSA) were provided to all local agencies during this span of time. ICEMA in turn provided daily updates in the form of memorandums explaining what the virus was and providing specific CDC guidelines on how to deal with the virus, to all healthcare agencies. It was during this time that ICEMA developed and issued an emergency protocol addressing Influenza-Like Illnesses (ILI), and with collaboration from the State EMS agency, adapted a Swine Flu PowerPoint to meet ICEMA's countywide policies.

On May 1, 2009 due to encountering the first confirmed case of what is now called H1N1 infection, the County of San Bernardino declared a local Public Health Emergency. Recommendations by ICEMA and San Bernardino County DPH during this time included activating the Hospital Command Center at a minimal level to coordinate information, and activating the Hospital Surge Plans as well as deploying the Mass Casualty shelters to conduct initial triage outside the Emergency Department to separate patients with ILI from general population patients to decrease the spread of infection.

The outbreak of H1N1, prompted federal, state and local agencies to work together to develop ways in which to efficiently address the problem; and although it only lasted a span of a few weeks, many things came about during this time. The development of an Influenza-Like Illness protocol, the activation of the DOC and the EOC to assist in dealing with the influx of activity, as well as the timely distribution of the education that all prehospital and hospital care providers received, are all things we can take away from this outbreak. We can foresee that a second wave of this illness will most likely reappear in the fall, when the weather gets colder and the next respiratory illness season gets underway. In retrospect, we can now view the H1N1 outbreak as a training exercise for what is to come and know that we will be thoroughly prepared to take on any situation.

Hospital Preparedness Program

THE NEED FOR VOLUNTEERS BEFORE DISASTER STRIKES

By: Tom Stoudt, LEMSA Coordinator

Volunteering is the practice of people working on behalf of others without being motivated by financial or material gain. It is generally considered an *altruistic activity*, intended to promote good or improve human *quality of life*. People also volunteer to gain skills without requiring an employer's financial investment.

As the Local Emergency Medical Service Agency Coordinator (LEMSAC) for the ICEMA Region, one of my main functions is to coordinate and link prehospital personnel with hospital personnel before, during and after any disaster within our region. I have been in this position since April 13, 2009 and I am very concerned about our available resources. I am not talking about the supplies and equipment; I'm concerned about the most valuable resource of all, personnel. The past few months have been interesting and very challenging for me, to say the least. However, in all of the preparing and planning meetings I have attended lately, the one thing that has everyone concerned in the event of a catastrophic disaster is running out of healthcare and support personnel.

Each state that receives Federal funds under the Hospital Preparedness Program (HPP) is required to de-

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velop an emergency system to meet Federal Guidelines for Advance Registration of Volunteer Health Care Professionals (ESAR-VHP). California has developed a system to register volunteers. This system creates a resource pool of healthcare volunteers for local, state and federal governmental agencies to draw from in disasters. The registry can be found at: www.healthcarevolunteers.ca.gov

Who are "Disaster Healthcare Volunteers?" Professionals like you who want to volunteer during an emergency or disaster. Disaster Healthcare Volunteers may also include non-medical individuals who are willing to assist with medical, public health, mental health, animal rescue incidents and/or provide support to other Disaster Healthcare Volunteers. When you register on the secure web-based registry, you will indicate your volunteer preferences and enter information about your skills.

During a State or National disaster, (e.g. an earthquake, severe weather event, or public health emergency), this system will be accessed by authorized Medical/Health Officials at the State Emergency Operations Center or your individual County EOC to track your deployment.

Along with the information you provide to register with the State's Disaster Healthcare Volunteer System, you will need to agree to the terms of service, (included on the application). You will then be asked to provide specific information about your credentials and skills. This will be used by program administrators in establishing your emergency credentialing level, (ECL) and contacting you in the event of an emergency deployment. You will also be responsible for updating your information and keeping your credentials current. Your information is protected with every possible step relating to data integrity. A high level of security is also taken by the staff in order to prevent abuse and protect your privacy.

If your service is required as a healthcare or support volunteer for a specific emergency or a disaster, the information you entered at this site will be evaluated to match mission requirements. There are five (5) different ECLs; **Hospital Active, Clinically Active, Licensed or Equivalent, Experienced or Educated, No Emergency Credential Level.** Depending on your current activity level you will be placed in one of the five (5) ECLs. If selected, you will be contacted by Disaster Healthcare Volunteers System Administrators and/or Local (County) Emergency/ Disaster Manager. You will then be given the ***choice*** of whether or not you wish to volunteer your services for that specific emergency or disaster. If you volunteer for service for the specific emergency/disaster, your personal information will be forwarded to the requesting agency in the emergency/disaster operational area. Just to be perfectly clear, registering ***in no way obligates*** you to participate or deploy for a specific emergency/disaster. Deployment is ***strictly voluntary.***

Even though San Bernardino, Inyo and Mono Counties constitute the largest geographic region in California, I was surprised and slightly disappointed San Bernardino County has 122 registered Disaster Healthcare Volunteers with an additional 104 Medical Response Corp volunteers, Inyo County has 3 registered Disaster Healthcare Volunteers and Mono County has 10 registered Disaster Healthcare Volunteers. The State's total is 5,489 registered Disaster Healthcare Volunteers). If you are thinking this is sufficient, let me shed a little light on the subject. There are over two million residents in San Bernardino County, 13,000 in Inyo County and 18,000 in Mono County. The DHV Program has over 70 professional occupational categories, ranging from Physicians to Veterinarians on the healthcare side and cooks to ham radio operators on the non-medical side. I think we could better!!

Our region needs a lot more volunteers and there is considerable room for improving the number of volunteers we do have, not only in our region, but the entire State as well.

Let's face it; most of us selected our professions because we like to help people who require assistance during an emergency. What better way to extend our desire to help the citizens of our nation than by volunteering our expertise in a disaster.

In closing, I hope this has inspired all of you who are not registered in the Disaster Healthcare Volunteer Program to do so, as well as to promote this program to your family and friends. They could also play a vital role during times of disaster by helping people, animals and our communities. **We need to get the word out!!!**

ICEMA RESPONDS TO H1N1 OUTBREAK

By: Jerry Nevarez, RN, BSN, MSN

During the 2009 Novel Influenza A (H1N1) Outbreak, ICEMA issued an emergency protocol, *Reference #5023 Influenza Like Illnesses* and Other Airborne Diseases, that went into effect May 1, 2009. This emergency protocol was issued in response to the

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many questions ICEMA was receiving regarding what the "proper" response to the outbreak should be. Various agencies, ranging from the Centers for Disease Control (CDC), California Department of Public Health (CDPH), Emergency Medical Services Authority (EMSA), Department of Health Services (DHS), and various labor/trade associations were issuing guidance on how workers were supposed to protect themselves and their families from infection.

ICEMA responded by meeting with San Bernardino County's Public Health Officer, Maxwell Ohikhuare, M.D. to develop local guidance based on the most current information available to assist first responders and others on how to best protect themselves. The emergency protocol was developed after it became apparent that personal protective equipment (PPE) use was not consistent within the region.

On May 21, 2009, in San Diego, CA, the Cal/OSHA Standards Board voted unanimously to put in place additional protections from aerosol-transmissible diseases (ATD) for California workers. According to the Cal-OSHA Reporter®, the ". . .new General Industry Safety Orders §5199, approved 6-0 by the board, also adopted a companion standard covering 'zoonotic' diseases – those that can originate on or be spread by animal-handling operations."

The report goes on to read:
"An ATD is a disease or pathogen for which droplet or airborne precautions are required. Such infection control procedures range from simple precautions to airborne infection isolation. The standard covers a number of employment sectors, including:

- Hospitals
- Skilled nursing facilities
- Clinics, medical offices and other outpatient facilities
- Facilities that perform high-hazard procedures
- Home health care
- Long-term health care facilities and hospices
- Medical outreach services
- Paramedic and emergency medical services, including firefighters and other emergency responders
- Facilities, services or operations that receive persons from scenes of uncontrolled hazardous-substances releases involving biological agents
- Police officers who must transport and/or detain persons who might be "reasonably anticipated" to be infected with ATDs
- Public health services
- Correctional facilities, homeless shelters, and drug treatment programs
- Operations that perform aerosol-generating procedures on cadavers
- Laboratories that perform procedures with materials containing ATDs
- Maintenance, service, or repair operations involving air-handling systems that may be reasonably anticipated to be contaminated with ATDs
- Any other facility that has been determined in writing by the chief of the Division of Occupational Safety and Health (DOSH) by special order to require application of the standard

The standard has three levels of requirements, the highest of which incorporates hospitals and other high-risk settings, where employers must provide all safeguards required by the standard, including an exposure control plan, personal protective equipment, respirators, training, and medical services, at no cost to employees.

So-called "referring employers," which might come into contact with a suspected ATD case first, then send that person to a health care facility for treatment, require a less-extensive level of protection. These employers are required to screen persons they come in contact with for airborne infectious diseases and refer those cases. They are not required to provide further medical services beyond first aid, initial treatment or screening and referral, and they are not required to transport, house, or isolate suspected cases.

The third level of protection is required of laboratories, including feasible engineering and work-practice controls to minimize employee exposures and establishing a bio-safety plan. Labs also would be subject to the training and recordkeeping provisions of the standard."

ICEMA contacted Cal-OSHA to inquire when the new standard would be published. According to Cal OSHA the standard was passed on May 21, 2009 and sent out for review by the Office of Administrative Law (OAL) on May 22, 2009. The OAL has up to 30 working days to review it for conformance with the California Administrative Procedures Act. It is then filed with the Secretary of State, and published. We expect the publication to occur in July or August. Therefore, it will probably be in effect for the fall flu season.

What does all of this mean for the EMS and Healthcare Community? In researching the draft version of the standard that was presented to the Standards Board, ICEMA has pulled out these pertinent items:

1. Respirators must meet the requirements of 42 CFR part 84, and must be approved by NIOSH.

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("H1N1 Response"…….. continued from previous page)

2. Respirators must be at least as effective as the N-95 respirator.
3. Effective September 1, 2010, PAPR (Powered Air-Purifying Respirator) must be provided.
4. Exception to subsection (g)(3)(B): Paramedics and other emergency medical personnel in the field may us a P-100 respirator in lieu of a PAPR.
5. Respirator selection should be in accordance with 5144 & 5192, Hazardous Waste & Emergency Response Operations.

Until we know the final Cal OSHA standards, ICEMA is continuing to work closely with Public Health and recommends providers look to stockpile adequate supply of P-100 (or equivalent) respirators for their staff. ICEMA and Public Health have developed a survey to send to providers to determine the actual number of First Responders (EMS, FIRE & LAW) to assist in determining the stockpile cache that will be purchased with Homeland Security Funds in San Bernardino County. ICEMA will keep abreast on new developments with this standard and issue guidance on changes to PPE requirements as they develop. ICEMA is working on a PPE Protocol that will be going through the approval process by the time this newsletter goes to print.

ARMC MEDICAL DIRECTOR APPOINTED TO SERVE ON STATE EMERGENCY MEDICAL SERVICES COMMISSION

By: Julie Hull, Supervising Office Assistant

The Senate Rules Committee has appointed Dr. Dev GnanaDev to the Emergency Medical Services Commission (EMSC). Dr. Dev GnanaDev will represent the California Medical Association on the EMSC. California created the EMSC within the Health and Welfare Agency in 1981. The role of the Commission is to advise the California Emergency Medical Services Agency (EMSA) on matters within the State's EMS system and to ensure patient access to quality emergency medical services. Dr. GnanaDev is the Medical Director and Chairman of Surgery at Arrowhead Regional Medical Center (ARMC), and President of the California Medical Association. He will initially serve a 6 ½ month term on the EMSC.

Among his achievements, Dr. GnanaDev was awarded the American Medical Association Foundation's "Pride in the Profession Award" in 2007 and the "Physician Recognition Award from the Medical Board of California in 2005. He has worked with firefighter's associations in raising funds to send children to Burn Camp, and has close to 30 years experience as a trauma surgeon. Dr. GnanaDev founded the Cardiac Health Management Program at ARMC in 2002, which provided services free of charge to patients with no health insurance who qualified for the program, and were recovering from a Myocardial Infarction (MI) or Coronary Artery Bypass Graft (CABG).

AMR SAN BERNARDINO COUNTY RECEIVES NATIONAL ACCREDITATION

American Medical Response (AMR), one of San Bernardino County's 911 ambulance service provider, was recently accredited for the third time by the Commission on Accreditation of Ambulance Services (CAAS). To obtain CAAS accreditation, AMR had to demonstrate that it provided a higher caliber of emergency medical services than is typically required by state or local licensing agencies.

On March 9, 2009, AMR became the only ambulance service provider in San Bernardino County and one of 16 in California to successfully complete the CAAS voluntary review process. The review process included a comprehensive application and an extensive on-site review by national experts in emergency medical services (EMS).

"To be recognized by CAAS is certainly a tremendous honor, but also a clear demonstration that AMR crews, dispatchers and support personnel are truly dedicated to providing the best emergency medical services possible to the citizens of San Bernardino County," said Renee Colarossi, General Manager for AMR San Bernardino County.

CAAS is a non-profit organization which was established to encourage and promote quality patient care in America's medical transportation system. The primary focus of the Commission's standards is high-quality patient care. This is accomplished by establishing national standards which not only address the delivery of patient care, but also the ambulance service's total operation and its relationships with other agencies, the general public, and the medical commu-

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("AMR San Bernardino County Receives National Accreditation"…….. continued from previous page)

nity. The Commission's standards often exceed state or local licensing requirements (see www.caas.org).

PEDIATRIC TRAUMA FUNDS RECEIVED BY DESIGNATED HOSPITALS

By: Julie Hull, Supervising Office Assistant

On January 9, 2007 the San Bernardino County Board of Supervisors adopted a resolution which allowed the San Bernardino County Courts to collect two dollars ($2) for every ten dollars ($10) or fraction thereof, upon various fines, penalties, forfeitures, and primary moving violations. Fifteen percent of the funds collected are then deposited into the Emergency Medical Services (EMS) Pediatric Trauma Fund. On April 4, 2009, the Board of Supervisors authorized the disbursement of $313,784 to Loma Linda University Medical Center (LLUMC) and Arrowhead Regional Medical Center (ARMC) received $68,880, for funds collected thus far.

The expenditure of the EMS Pediatric Trauma monies are limited to the following activities:

- Reimbursement to physicians and surgeons, and to hospitals for patients who do not make payment for pediatric emergency care services in hospitals up to the point of stabilization.
- Reimbursement to hospitals for expanding the services provided to pediatric trauma patients at trauma centers
- Reimbursement to other hospitals providing care to pediatric trauma patients, or at pediatric trauma centers
- Purchase of equipment to assist in the treatment of pediatric trauma patients.

PROTOCOL EDUCATION COMMITTEE UPDATE

By: Iris Pena, RN, EMS Nurse

Since formalizing and expanding the role of the Protocol Education Committee back in May of this year, the committee has been instrumental in reviewing over 40 protocols. Of those protocols, twenty-seven (27) went to the Medical Advisory Committee on June 22, 2009 for review. Since then, twenty (20) of the original forty (40) protocols have been approved and are currently out for forty-five (45) day public comment period. The remaining protocols were deferred by the MAC for further changes and/or reviews, and will follow along for a public comment period.

The Protocol and Education Committee will continue to work toward reviewing all medical control protocols in order to ensure completeness, accuracy, and relevancy to EMS program operations, and to recommend and develop training programs utilizing educationally sound principles. Please look forward to continuing development updates on the ICEMA website.

It is through this committee that the Annual Review Class (ARC) is constructed.

NORTHERN INYO HOSPITAL STAFF RECOGNIZES ONE OF THEIR OWN

Submitted by the ED staff of Northern Inyo Hospital

Judd Symons, EMT-P and owner of Symons Emergency Specialties in Bishop started his EMS career as a senior at Bishop Union High School where he took an EMT-I course. He went on to receive his paramedic training at Stanford and then returned to Bishop, purchasing the ambulance company in 1989. Since then he has worked essentially day and night serving the communities on the Eastern Sierra corridor as a compassionate, skillful and professional paramedic, an insightful and effective pre-hospital instructor and a dedicated volunteer firefighter. He is also active in community activities, again volunteering his time and talents to a myriad of organizations.

Judd does such exceptional work all of the time that it is impossible to isolate any one outstanding example. He is generous to a fault, and a tireless supporter of quality patient care. He has gone above and beyond the call of duty more times than can be counted. In the small rural community of Bishop, he keeps an eye on the elderly and frail, helping with citizen assist calls, keeping the local physicians alerted to problems and helping devise plans of care for patients in duress. He is an unbelievable asset to the health care community, and works so quietly behind the scenes helping people that it often goes unnoticed. Well, Northern Inyo Hospital and particularly the ED staff has noticed and all agree they do not know what they would do without him. Please recognize him for his accomplishments, caring heart and his ongoing, never ending, and often-unheralded exceptional performance.

Know Your Representatives

California Emergency Services Authority Commission

Chris Van Gorder, FACHE	California Healthcare Association
Steven Stranathan Kern County	Public Member
Sheldon Gilbert	California Fire Chiefs Association
Colleen Kuhn	California Peace Officers Association
Lewis Stone	California Professional Firefighters
Helen Najar Los Angeles County	Public Member
Bruce Lee	EMS Administrators' Association of California
Matt Powers, RN, MS, EMT-P	CA Emergency Nurses Association
	EMS Medical Directors Association of California
David Herfindahl, MD	California Conf. of Local Health Officers
Jane Smith, EMT-P	California Rescue and Paramedic Association
Dev A. GnanaDev, MD	California Medical Association
Ramon Johnson, MD	California Chapter American College of Emergency Physicians
Robert MacKersie, MD	California Chapter American College of Surgeons
Eugene Hardin, MD	Emergency Room Physician
Louis K. Meyer	California Ambulance Association

Inland Counties Emergency Medical Services Agency

Virginia Hastings	Executive Director vhastings@cao.sbcounty.gov
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	Nurse Specialist
Sherri Shimshy, RN	EMS Nurse Specialist—Quality Improvement; Base Hospital Liaison; Protocol Development sshimshy@cao.sbcounty.gov
Iris Pena, RN	EMS Nurse Specialist—Educational Programs; STEMI Hospital Programs; Protocol Development ipena@cao.sbcounty.gov
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	Hospital Preparedness Program
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Tom Stoudt	Local HPP Coordinator tstoudt@cao.sbcounty.gov
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Julie Hull	Supervising Office Assistant jhull@cao.sbcounty.gov
Sherry Hansen	EMT-I/MICN Certification/EMT-P Accreditation shansen@cao.sbcounty.gov
Julie Ann Avalos	Ambulance Permitting/Authorization javalos@cao.sbcounty.gov
Julia Macias	General Information/Reception jmacias@cao.sbcounty.gov
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San Bernardino County Emergency Medical Care Committee (EMCC)

Is established pursuant to County Ordinance. The EMCC acts in an advisory capacity to the Board of Supervisors and the local EMS Agency on all matters relating to emergency medical services and performs other duties as the Board of Supervisors may specify.

MEMBER	REPRESENTING
Art Andres	EMT/Paramedic-Locally Accredited
Kelly Bernatene, RN	EMS Nurse
Rick Britt	Emergency Dispatch Communication
Mark Cantrell	Consumer Advocate
Chad Clark, MD	Emergency Room/Trauma
Jim Holbrook	EMS Training Institution
James R. Holmes	Hospital Administrator
Diana McCafferty	Private Ambulance Provider
Stephen Miller	Law Enforcement
Troy Pennington MD	Physician
Marie Podboy, RN	Air-Ambulance Provider
Vacant	City Manager Representative
Michael Smith	Fire Chiefs

Mono County Emergency Medical Care Committee (EMCC)

Is established pursuant to County Ordinance. The EMCC acts in an advisory capacity to the Board of Supervisors and the local EMS Agency on all matters relating to emergency medical services and performs other duties as the Board of Supervisors may specify.

MEMBER	REPRESENTING
Bob Rooks	Mono County Fire Chief's Association

Richard Johnson, MD	Mono County Health Officer
Mark Mikulicich	Mono County Fire/Rescue Chief
Rosemary Sachs, RN	Mammoth Hospital Paramedic Liaison Nurse
Lori Baitx, RN	Mammoth Hospital ED Manager

Inyo County Emergency Medical Care Committee (EMCC)

Is established pursuant to County Ordinance. The EMCC acts in an advisory capacity to the Board of Supervisors and the local EMS Agency on all matters relating to emergency medical services and performs other duties as the Board of Supervisors may specify.

MEMBER	REPRESENTING
Lee Barron	Southern Inyo Hospitalcare District
LeRoy Kritz	Lone Pine Fire Department
Paul Postle	Southern Inyo Fire Protection District
Michael Dillon	Northern Inyo Hospital
Jean Turner	Inyo County Health and Human Services
Joe Cappello	Independence Volunteer Fire Department
Steven Davis	Olancha Cartago Fire Department
Mike Patterson	Sierra Lifeflight
Judd Symons	Symons Emergency Specialties
Lloyd Wilson	Big Pine Volunteer Fire Department
Martha Reynolds	Northern Inyo Hospital
Phil Ashworth	Independence Volunteer Fire Department
Andrew Stevens	Northern Inyo Hospital

Medical Advisory Committee (MAC)

MAC functions under the direction of the ICEMA Medical Director. The members have education and experience in EMS systems and regional pre-hospital care. Their role is to provide advice to the EMS Agency Medical Director in all issues relating to the delivery of emergency medical care in the region.

Base Hospital Physician	Base Hospital
Troy Pennington, MD	Arrowhead Regional Medical Center
Todd Sallenbach, MD	Hi-Desert Medical Center
Jeff Grange, MD	Loma Linda University Medical Center
Phong Nyugen, MD	Redlands Community Hospital
Kevin Parkes, MD	San Antonio Community Hospital
Physician Representative	**Agency**
David Kovacik, MD	Apple Valley Fire Department & St. Mary Medical Center
Daved Van Stralen, MD	San Bernardino County Fire & American Medical Response
Other Assigned Representatives	**Affiliation**
Susie Moss, PLN	Ambulance Association

Bob Tyson, RN	EMS Nurses
Joe Powell, EMT-P	EMS Officers
Rosemary Sachs, RN	Mono County
Mark Mikulicich, EMT-P	Mono County (Alternate)
Kris Lyon, EMT-P	San Bernardino County Sheriff/LLUMC
Andrew Stevens, RN	Inyo County (Alternate)

Stemi QI Committee

The STEMI committee functions under the direction of the ICEMA Medical Director. This committee provides expertise in STEMI treatment and reviews all issues and patient care related to the STEMI program within San Bernardino County.

MEMBER	REPRESENTING
Michael Johnson	American Medical Response
Chris Linke	American Medical Response
Jennifer Orr, RN	Loma Linda University Medical Center
Orrine Singer, RN	Loma Linda University Medical Center
Donna Bennett RN	Loma Linda University Medical Center
Kenneth Jutzy MD	Loma Linda University Medical Center
Robert Steele, MD	Loma Linda University Medical Center
Sherry Nolfe, RN	Loma Linda University Medical Center
Debbie Keasler, RN	Pomona Valley Medical Center
Rama Thumati, MD	Pomona Valley Medical Center
Nan Kohlwey	Pomona Valley Medical Center
Sally Jenkins	Pomona Valley Medical Center
B. Don Ahn, MD	San Antonio Community Hospital
Kevin Parkes, MD	San Antonio Community Hospital
Lynn Hill RN	San Antonio Community Hospital
Vince Leist	San Antonio Community Hospital
Leslie Parham, RN	San Bernardino County Fire Department
Dana Roesler, RN	St. Bernadine's Medical Center
Donna Grisham, RN	St. Bernadine's Medical Center
Brian Bearie, MD	St. Bernadine's Medical Center
Stephen Estes, MD	St. Bernadine's Medical Center
Lee McAlister	St. Bernadine's Medical Center
Stan Rucker	St. Bernadine's Medical Center
David Bolivar, MD	St. Mary Medical Center
Syed Raza, MD	St. Mary Medical Center
Pat Lucken, RN	St. Mary Medical Center

Protocol Education Committee (PEC)

The PEC assist ICEMA in the development, preparation and review of protocols and education activities.

MEMBER	REPRESENTING
Susie Moss	Private Transport Provider
Joy Peters, RN	Base Hospital
Jimi Johnson, RN	Base Hospital
Gina Campbell, RN	Base Hospital
Martha Reynolds, RN	Base Hospital
Virginia Smith, RN	Base Hospital
Bob Tyson, RN	Base Hospital
Rosemary Sachs, RN	Base Hospital
Jennifer Orr, RN	Base Hospital
Bill Jones	Air Transport Provider
Brian Hendrickson	Training Institute
Dan Word, RN	Training Institute
Joe Powell	EMS Officers
Bernie Horak	Public Transport Provider
Leslie Parham, RN	Public Transport Provider

Central Quality Improvement Committee (CCQIC)

The CCQIC assists ICEMA with identifying potential areas for improvement of the EMS system, and the review of specific illnesses or injuries and their associated treatments.

MEMBER	REPRESENTING
Reza Vaezazizi, M.D.	Chairman
Virginia Hastings	ICEMA Executive Director
Diane Fisher	ICEMA
Sherri Shimshy, RN	ICEMA EMS Nurse
Jeff Grange, MD	Medical Director Representative
David Van Stralen, MD	Medical Director Representative
Jim Holbrook	EMT-P Training Representative
Scott Jones	EMT-P Training Representative
Ron Holk	PLN Representative
Joy Peters	PLN Representative
Susie Moss	Co-Chair and EMT-P Representative
Bernie Horak	EMT-P Representative
Pam Martinez, RN	Co-Chair and West End QI Representative
Joe Guarrera	North End QI Representative
Mike Maltby	Mountain QI Representative
Leslie Parham, RN	East End QI Representative

ICEMA Announcement Corner

VVC HYBRID WORKSHOP

By: Sherri Shimshy, EMS Nurse

ICEMA is pleased to announce approval for Victor Valley College Hybrid Preceptor Program. The program will take advantage of the accessibility of online learning as well as face to face instruction.

Paramedics interested in becoming a preceptor for the first time, or that have lapse in approval will have four (4) hours of pre course work and a post test. There will also be a one (1) hour pod cast presentation with audio and power point. An assigned date and time for the three (3) hour classroom lecture and interactive portion will complete the eight (8) hour requirement for the class. Paramedics that are current and need to renew their preceptor status will have to complete the one (1) hour pod cast and the 4 hours of online course work. The post tests and evaluations must be delivered by hand or faxed prior to expiration date before credit will be given to the medic.

ICEMA hopes that the flexibility of this program will encourage medics to become preceptors. It is rewarding to know helping a new medic excel in the field is due to the mentoring received by a good preceptor. If anyone is interested in participating in this program or has questions please contact Brian Hendrickson at 760-245-4271 ext 2206 or hendricksonb@vvc.edu or David Oleson at 760-245-4271 ext 2738 olesond@vvc.edu.

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